

Notice of Independent Review Decision

DATE OF REVIEW: 07/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right SI Joint Fusion CPT 27280

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Right SI Joint Fusion CPT 27280 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 07/16/12
- Letter of determination from Travelers – 06/06/11, 06/22/12
- Office visit notes by Dr.– 01/13/12 to 05/14/12
- Procedure note for rhizotomy by Dr.– 07/06/11, 07/27/11
- Follow up report by Dr.– 03/23/11 to 05/18/11
- Initial PT evaluation by– 02/22/12
- Physician's order for PT by Dr.– 01/23/12
- Report of MRI of the lumbar spine –01/21/10, 01/06/12,
- Daily Progress Note by Dr.– 06/29/11 to 08/17/11
- Report of x-rays of the cervical and lumbar spine – 01/11/10
- Physician's order for right SI fusion and crutches – 07/16/12
- Letter Recanting MMI Date Agreement from Dr.– 02/22/12
- Initial Consultation by Dr.– 02/17/10
- Procedure report for sacroiliac joint injection by Dr.– 05/04/11

- Physical Therapy Plan of Care – 02/22/12
- Physical Therapy Daily Notes – 03/12/12 to 04/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker suffered a typical Pratt fall on xx/xx/xx. He has suffered chronic cervical pain, low back pain and sacroiliac joint pain and tenderness. He has been diagnosed with sacroiliac joint dyskinesia and has suffered bilateral leg pain and tingling. He has been treated with pain medication, NSAID's, sacroiliac belt, physical therapy, sacroiliac joint injections and sacroiliac joint rhizotomies. Physical findings include specific sacroiliac joint tenderness, positive FABER's test and Gaeslen's test. He has reported transient benefit from sacroiliac joint injections and rhizotomies and there is a current request for a right sacroiliac joint fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The medical record documentation indicates that this patient has suffered pain originating from injury to the sacroiliac joint in a fall at work on xx/xx/xx. He has physical findings suggestive of the diagnosis of sacroiliac joint dysfunction. Treatment has consisted of medications, activity modification, physical therapy, sacroiliac belt application, sacroiliac joint injections and rhizotomies. The ODG criteria have been met for sacroiliac fusion.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)